


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Shawn Coulson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>MyPort ID Inc. Corporate</i> <i>William H. Shawn Counsel</i> <i>Shawn Coulson LLP</i> <i>1850 M St. N.W., Ste. 280</i> <i>Washington, DC 20036</i> <i>6/11/14 246 Order 161</i>		B. Received by (Printed Name)	C. Date of Delivery <i>5/20/14</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
			
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7011 1570 0003 0293 7284	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	